

**APPENDIX VI:
MARYLAND HISTORICAL TRUST
CERTIFIED LOCAL GOVERNMENT
NATIONAL REGISTER RECOMMENDATION FORM**

Property Name _____

Location _____

County _____

CLG Name _____

HISTORIC PRESERVATION COMMISSION RECOMMENDATION

_____ Nomination recommended _____ Nomination not recommended

Please check the applicable National Register criteria and/or considerations (exceptions) used in decision:

criteria: ____A ____B ____C ____D

considerations: ____A ____B ____C ____D ____E ____F ____G

Justification of decision: (use continuation sheet if necessary)

signature of commission chairman date

name of commission

CHIEF ELECTED OFFICIAL RECOMMENDATION

_____ I concur with the opinion of the historic preservation review commission.

_____ I do not concur with the opinion of the historic preservation review commission.

(Please justify disagreement on a separate sheet.)

signature of chief elected official date

title